

Health Indicators for Women in Los Angeles County

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Highlighting Disparities by Ethnicity and Poverty Level

A Publication of the Los Angeles County Department of Public Health
Office of Women's Health and Office of Health Assessment & Epidemiology



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COUNTY OF LOS ANGELES
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Los Angeles County Department of Public Health

Office of Women's Health

Rita Singhal, MD, MPH, Medical Director
 Ellen Eidem, MS, Director
 Jessica St. John, Senior Staff Analyst
 Elizabeth Stillwell, RN, Program Manager
 Susan Nyanzi, DrPH, CHES Research Analyst III

Office of Health Assessment & Epidemiology, Health Assessment Unit

Susie Baldwin, MD, MPH, Chief
 Amy S. Lightstone, MPH, MA, Supervising Epidemiologist
 Yan Cui, MD, PhD, Epidemiologist
 Yajun Du, MS, Epidemiologist
 Gigi A. Mathew, DrPH, Research Analyst III
 Gayane Meschyan, PhD, Research Analyst III
 Jerome Blake, MPH, Research Analyst II

Programs Contributing Data and Expertise

Los Angeles County Department of Public Health Programs

HIV Epidemiology Program
 Injury & Violence Prevention Program
 Maternal, Child, and Adolescent Health Programs
 Office of Health Assessment & Epidemiology
 Data Collection and Analysis Unit
 Epidemiology Unit
 Sexually Transmitted Disease Program

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FOREWORD

Women often make the health care decisions for the family and are the primary caregivers; therefore, the health of women affects not only the individual but her family and the community. The Office of Women's Health works collaboratively within the Departments of Public Health and Health Services and with community stakeholders to provide a gender lens on issues affecting health.

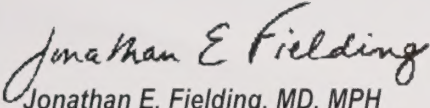
"Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level, 2010" is the second edition dedicated solely to examining the key indicators of health for women. It highlights health disparities between all women in Los Angeles County, and women of different race/ethnicities and poverty levels, underscoring complex intersectional health needs of women in our communities.

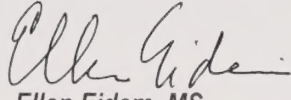
By creating awareness of the impact of health inequities on women, their families and their communities, strategies can be devised to begin closing those gaps. Presenting the data on health inequities can drive policies, programs and initiatives to address the most pressing needs.

Creating healthy environments is key to enabling residents to make healthy choices about nutrition, physical activity, other health behaviors and service utilization. Key indicators in this report examine: the social and physical environment, including neighborhood safety, accessibility to safe places for physical activity, and injury and violence; access to health care, including insurance status, regular source of medical and dental care, and preventive screenings; health behaviors including tobacco and alcohol use, contraception utilization and sexual practices; self-rated health; the incidence and prevalence of various health conditions, including heart disease, obesity, cancer, depression, communicable diseases; and mortality.

The Women's Health Policy Summit, "Building Multi-Cultural Women's Health: Setting an Agenda for Los Angeles," developed priority recommendations that are currently in the implementation process. In this edition, special attention has been given to four of those priority areas: women 65 years and older, women with a disability, the effect of insurance status on women's health, and women's sexual orientation.

This report is meant to inform key stakeholders and funders on the priority areas of women's health, and assist in the building of multi-cultural women's health policies, programs and services. Working together, we can address the inequities in women's health and ultimately improve the health of all women across the life span.


Jonathan E. Fielding, MD, MPH
Director of Public Health and Health Officer


Ellen Eidem, MS
Director, Office of Women's Health



INTRODUCTION

This report describes the current status of women's health and wellbeing in Los Angeles County. Indicators, or standardized measures of health, are described for adult men and women and for women alone to highlight important gender differences. To emphasize disparities related to the social determinants of health, the health indicators for women are presented by race/ethnicity and by household income, described in relation to the federal poverty level (FPL). Where appropriate and when definitions are consistent, Los Angeles County health indicators are compared to Healthy People 2010 targets that represent the health standards our nation is trying to achieve.

This second edition of the report includes several new features. The demographics section includes population indicators describing age, race/ethnicity, sexual orientation, and years living in the United States. Statistical testing of health indicators is presented, when such testing was possible, to validate comparisons between groups. A Special Health Topics section presents data on four unique populations of women. In addition, a Findings and Implications section is added to provide context for the data presented in the report.

USER'S GUIDE

Colored bars representing each racial/ethnic group and FPL category are used consistently throughout the tables in the report. Healthy People 2010 goals, found in the first column of the tables, followed by data for all adults and then women alone, are in shades of purple. Data in the report are for adults 18 years and older unless otherwise stated.

Statistical significance is indicated by red or green underline of the number. For statistical testing, each group was compared to all others. A red underline indicates that the group is faring 'worse' and a green underline indicates the group is faring 'better,' when compared to all others. If statistical comparisons were not performed for an indicator, the row is marked with a "♦". No statistical comparisons were completed for the Demographics section, the Special Health Topics, and data in graphs and bullet points. However, data presented in graphs and bullet points had differences that were large enough that they may be considered important even if not statistically significant.

DEMOGRAPHICS

“Demographics are helpful in getting a broad sense of the ways in which risk and/or disease are clustered. However, just because we know that a risk factor appears more in women, our job in preventing or curing that disease may mean looking beyond the individual woman for a solution, such as modifying her environment or social policies.”

Vickie M. Mays, PhD, MSPH, Professor, Department of Psychology and Department of Health Services, University of California, Los Angeles

Age Group¹

- Percent of adults who are 18 to 39 years
- Percent of adults who are 40 to 64 years
- Percent of adults who are 65 years and older

Race/Ethnicity

- Percent of adults who are American Indian/Alaskan Native^{1a}
- Percent of adults who are Asian/Pacific Islander¹
- Percent of adults who are black¹
- Percent of adults who are Latino¹
- Percent of adults who are white¹

Sexual Orientation^{2a}

- Percent of adults (18-70 years) who self-identify as straight or heterosexual
- Percent of adults (18-70 years) who self-identify as gay, lesbian, homosexual or bisexual
- Percent of adults (18-70 years) who self-identify as not sexual/celibate/none/other

Poverty^{1b}

- Percent of adults who report household incomes less than 100% FPL
- Percent of adults who report household incomes 100-199% FPL
- Percent of adults who report household incomes 200-299% FPL
- Percent of adults who report household incomes at or above 300% FPL

Education¹

- Percent of adults with less than a high school education
- Percent of adults who completed high school only

Healthy People 2010 Target	Los Angeles County Men and Women	Los Angeles County Women	Asian/Pacific Islander	Black	Latina	White	FPL <100%	FPL 100-199%	FPL 200-299%	FPL ≥300%
Women: Race/Ethnicity							Women: Federal Poverty Level (FPL)			
N/A	44.2	42.3	39.6	39.6	53.7	30.7	52.2	42.9	34.0	37.3
N/A	41.8	41.8	44.7	44.3	36.7	45.8	34.7	39.5	41.1	49.1
N/A	13.9	15.9	15.7	16.1	9.5	23.5	13.1	17.6	24.9	13.6
N/A	0.3	0.3	---	---	---	---	0.1*	0.4*	0.5*	0.5*
N/A	13.4	14.0	---	---	---	---	9.5	13.5	16.7	17.0
N/A	9.1	9.9	---	---	---	---	9.7	10.3	10.8	9.4
N/A	42.7	41.5	---	---	---	---	72.1	50.2	32.4	15.1
N/A	34.5	34.2	---	---	---	---	8.6	25.7	39.5	58.1
N/A	95.5	96.3	97.0	94.7	97.0	95.8	96.3	95.0	96.3	96.9
N/A	3.5	2.5	0.7*	4.2*	1.8	3.9	1.4	3.6*	2.9*	2.5
N/A	0.9	1.2	2.3*	1.2*	1.3	0.3*	2.3*	1.5*	0.8*	0.6*
N/A	24.8	28.4	19.5	28.3	49.9	7.2	---	---	---	---
N/A	21.6	22.1	21.2	23.0	26.6	16.6	---	---	---	---
N/A	13.7	13.6	16.1	14.7	10.5	15.5	---	---	---	---
N/A	39.9	35.9	43.2	34.0	13.0	60.7	---	---	---	---
10.0	22.1	23.5	8.9	8.1	49.8	3.3	55.3	28.4	8.3	1.5
N/A	18.6	17.8	16.2	19.3	20.6	15.0	19.9	24.3	23.2	10.1

- Percent of adults who completed some college, trade school, or associate's degree
- Percent of adults with a college or post graduate degree

Disability^{1c}

- Percent of adults reporting a disability

Birthplace¹

- Percent of adults who are foreign born

Years in the United States (US) among Foreign Born¹

- Percent of foreign born adults living in the US less than 5 years
- Percent of foreign born adults living in the US 5 to 9 years
- Percent of foreign born adults living in the US 10 or more years

Language Used Most Often at Home¹

- Percent of adults who mostly speak a language other than English at home

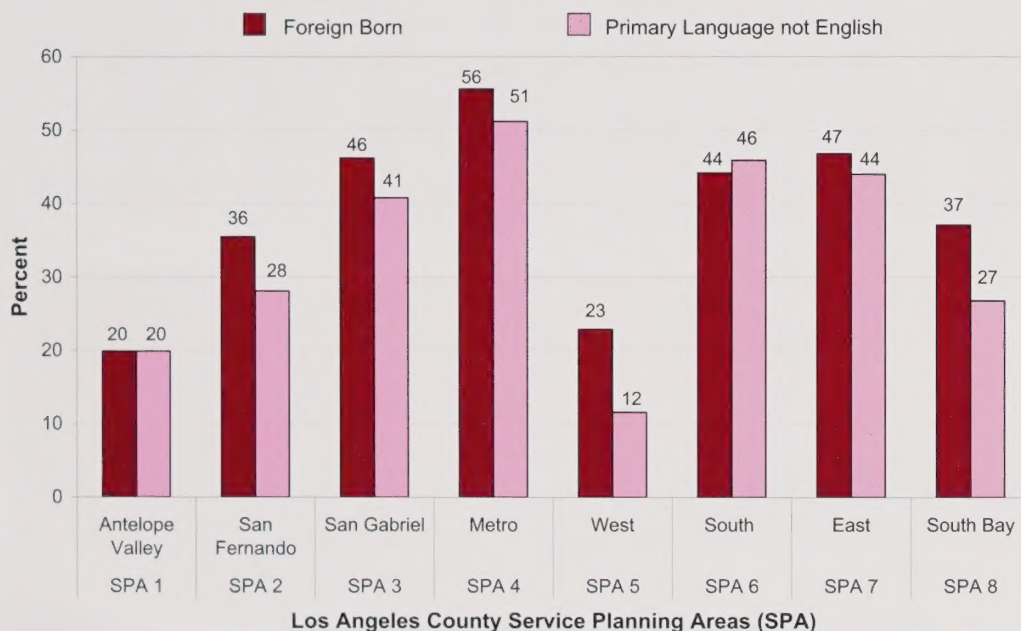
N/A	24.4	24.5	16.6	43.0	18.6	29.7	17.8	27.8	34.4	24.2
N/A	34.9	34.2	58.3	29.6	11.0	52.0	7.0	19.5	34.0	64.3
N/A	19.6	20.4	13.7	28.2	14.0	27.7	21.8	20.6	21.5	18.6
N/A	40.7	41.1	69.5	5.2*	66.0	10.3	66.0	48.1	30.9	20.8
N/A	10.0	8.5	10.6	**	8.8	**	11.2	6.7*	8.7*	4.0*
N/A	15.0	14.6	14.3	**	15.7	7.0*	17.7	14.1	8.2*	10.9
N/A	75.0	77.0	75.1	78.2	75.5	90.7	71.0	79.2	83.1	85.1
N/A	35.5	35.3	56.7	**	63.8	3.9	65.8	45.2	24.7	8.9

N/A = Data not available where noted

* Estimate is statistically unstable

**Cell sizes less than 5 - data not reported due to confidentiality

**Demographic Factors for Women in Los Angeles County
by Service Planning Area, 2007¹**



- There are an estimated 1.6 million **Latinas**, 1.3 million **white** women, 598,000 **Asian/Pacific Islander** women, 378,000 **black** women, and 13,000 **American Indian/Native Alaskan** women in Los Angeles County.³

- A higher percentage of Asian/Pacific Islander women (58%) and white women (52%) have a **college or post graduate degree** compared to black women (30%) and Latinas (11%).¹

- Women 18-39 years report higher rates (43%) of **speaking a language other than English at home** than women 40-64 years (32%) and 65 years and older (22%).¹

- Half of Latinas report **living in households with incomes <100% FPL** (50%) and half have **less than a high school education** (50%).^{1, 1b}

- The highest rate of women living with a **disability** is in SPA 1 (27%) and the lowest rate is among women in SPA 5 (17%).^{1c}

SOCIAL & PHYSICAL ENVIRONMENT

“The health of individuals and families is inextricably linked with the social, economic, and environmental conditions in which we live. Many of the greatest opportunities to improve health, reduce health disparities, and decrease health care costs lie in policy efforts to improve these conditions.”

Paul Simon, MD, MPH, Director, Division of Chronic Disease and Injury Prevention, Los Angeles County Department of Public Health

Built Environment¹

- Percent of adults who believe their neighborhood is safe from crime
- Percent of adults who report there are safe places to be physically active in their neighborhood, including sidewalks and streets for walking or jogging
- Percent of parents of children (1-17 years) who can easily get to a park, playground or other safe place to play
- Percent of adults who rate the quality of the fruits and vegetables where they shop as high

Food Security²

- Percent of adults living in households with incomes less than 200% FPL who are food secure

Injury & Violence

- Percent of adults (18-65 years) who report ever experiencing physical or sexual violence by an intimate partner since age 18²
- Percent of adults (18-65 years) who report physical or sexual violence by an intimate partner in the past year²
- Rate of emergency room visits for intimate partner violence (treated and released home) per 100,000 adults^{4a}
- Rate of hospitalizations for unintentional non-fatal poisonings per 100,000 adults⁴
- Rate of hospitalizations for non-fatal poisonings from suicide attempt per 100,000 adults⁴
- Rate of hospitalizations for non-fatal motor vehicle accidents per 100,000 adults^{4b}

Breastfeeding¹

- Percent of biological mothers of children (0-5 years) who initiate breastfeeding

Healthy People 2010 Target	Los Angeles County Men and Women	Los Angeles County Women	Asian/Pacific Islander	Black	Latina	White	FPL <100%	FPL 100-199%	FPL 200-299%	FPL ≥300%
			Women: Race/Ethnicity				Women: Federal Poverty Level (FPL)			
N/A	82.1	81.2	84.9	73.9	73.4	90.3	71.1	76.5	86.6	89.8
N/A	85.8	85.8	87.0	84.9	80.6	91.6	86.4	79.6	84.8	89.8
N/A	79.8	79.6	86.3	77.8	76.3	87.0	75.3	78.4	83.3	85.8
N/A	36.0	36.7	32.7	32.7	31.7	45.0	30.3	31.9	36.8	44.5
94.0	63.7	65.1	79.7	61.9	58.4	73.7	59.7	70.7	---	---
N/A	15.7	20.0	9.4	28.5	18.8	24.7	20.4	20.6	19.6	19.6
N/A	3.7	3.8	1.1*	6.0	3.7	4.1	5.5	5.1	3.5	2.4
N/A	6.7	12.2	2.9	20.4	13.5	8.3	N/A	N/A	N/A	N/A
N/A	33.9	34.5	12.7	54.7	20.8	50.9	N/A	N/A	N/A	N/A
N/A	36.3	44.0	21.6	46.0	30.0	64.5	N/A	N/A	N/A	N/A
N/A	95.9	69.8	42.8	87.5	68.1	65.7	N/A	N/A	N/A	N/A
75.0	---	92.2	94.7	76.1	93.2	94.3	90.9	89.5	95.9	95.2

- Percent of biological mothers of children (6 months-5 years) who breastfed at least 6 months

Child Care¹

- Percent of parents of children (0-5 years) who report difficulty obtaining child care (excludes 12.7% of parents who report they do not need child care)

Caregiver¹

- Percent of adults who were caregivers in the past month (providing care or help to another adult who is aging or had a long-term illness or disability)

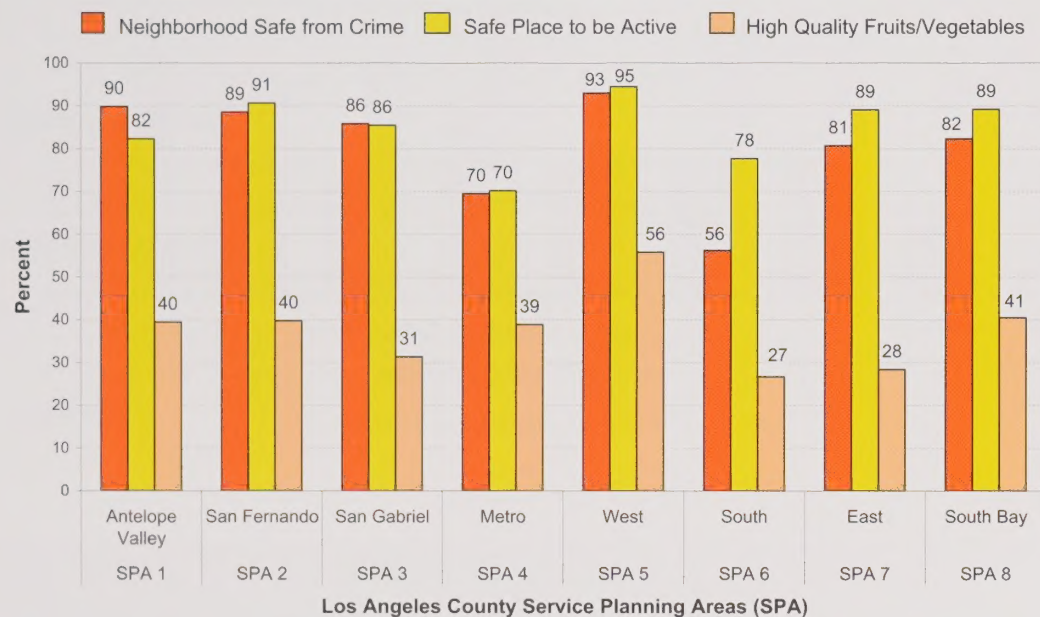
50.0	---	61.2	56.1	39.4	62.0	68.7	58.2	57.2	64.8	68.1
N/A	36.9	37.4	43.3	23.8*	41.9	26.6	44.1	43.1	31.6	24.8
N/A	17.0	17.7	18.7	20.9	16.6	16.9	15.5	19.3	17.6	18.5

N/A = Data not available where noted

* Estimate is statistically unstable

Group fares better
Group fares worse
No statistical testing done

Built Environment Indicators Among Women in Los Angeles County by Service Planning Area, 2007¹



- A lower percentage of women 18-39 years (78%) and 40-64 years (81%) perceive their **neighborhood to be safe from crime** than women 65 years and older (89%).¹
- Compared to other ethnic groups, a lower percentage of Latinas perceive their **neighborhood to be safe from crime** (73%), have **access to high quality fruits and vegetables** (32%), and have **safe places to be physically active in their neighborhood** (81%).¹
- The highest rate of **ever experiencing intimate partner violence since age 18 years** is reported among women in SPA 1 (26%) and the lowest rate is reported among women in SPA 7 (18%).²
- Higher rates of **ever experiencing intimate partner violence since age 18 years or in the past year** are reported among black women (29% and 6% respectively) and white women (25% and 4% respectively) compared to other ethnic groups.²
- Women in SPA 1 have the highest rate of **hospitalizations for unintentional non-fatal poisonings** (67/100,000) and of **hospitalizations for non-fatal poisonings from suicide attempt** (82/100,000).⁴
- Breastfeeding initiation and continuation for at least 6 months** are lowest among biological mothers in SPA 1 (85% and 43%) and SPA 6 (84% and 49%).¹



HEALTH CARE ACCESS

“There are so many health issues that can be prevented or treated if women - from all backgrounds - have consistent access to quality health care. We know that when women suffer from chronic or debilitating health issues, whole families and communities suffer.”

The Honorable Abbe Land, Mayor, City of West Hollywood and Co-Chief Executive Officer, The Saban Free Clinic

Insurance¹

- Percent of adults (18-64 years) who are uninsured
- Percent of adults (18-64 years) who have Medi-Cal
- Percent of adults (18-64 years) who have private insurance

Access to Care¹

- Percent of adults with no regular source of health care
- Percent of adults who report difficulty accessing medical care

Dental Access¹

- Percent of adults who do not have dental insurance
- Percent of adults who did not obtain dental care (including check-ups) in the past year because they could not afford it
- Percent of adults who had a dental visit (for any reason) in the past year

Prenatal Care^{5a}

- Percent of all live births where mother received prenatal care in the first trimester of pregnancy

Immunizations¹

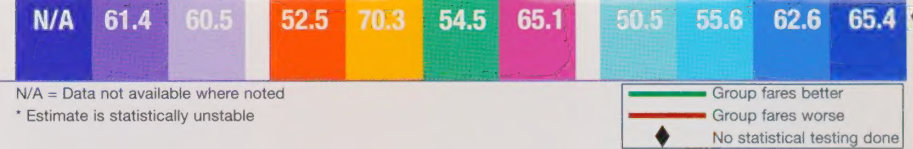
- Percent of adults (50 years or older) vaccinated for influenza in the past year
- Percent of adults (65 years or older) ever vaccinated for pneumonia
- Percent of adults who have heard of the Human Papillomavirus (HPV) vaccine

Preventive Screenings

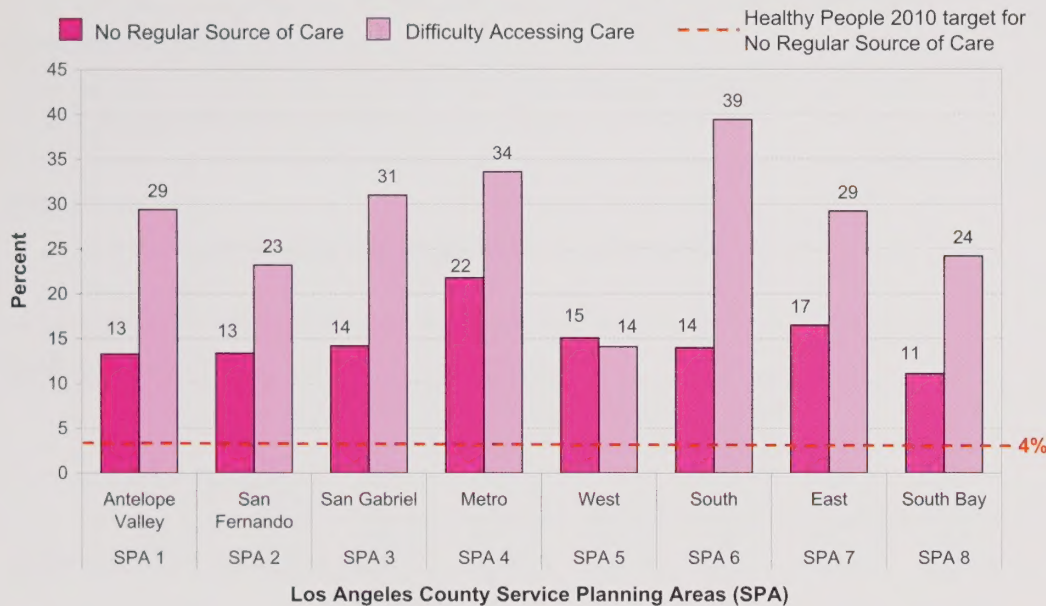
- Percent of women (18 years or older) who had a Pap test in the past 3 years¹
- Percent of women (40 years or older) who had a mammogram in the past 2 years¹

Healthy People 2010 Target	Los Angeles County Men and Women	Los Angeles County Women	Asian/Pacific Islander	Black	Latina	White	FPL <100%	FPL 100-199%	FPL 200-299%	FPL ≥300%
			Women: Race/Ethnicity				Women: Federal Poverty Level (FPL)			
			18.7	15.2	34.6	5.7	39.7	30.0	13.3	4.4
			7.7*	29.3	30.1	10.0	45.6	23.8	8.0	2.9*
			72.6	54.3	34.2	82.9	13.3	44.8	76.7	92.1
			18.3	11.4	19.4	8.5	21.5	18.1	12.5	8.2
			30.4	22.0	41.4	13.4	48.2	35.4	18.7	10.9
			40.8	26.5	56.8	33.3	64.2	52.5	38.1	23.6
			23.0	26.6	30.8	15.6	37.8	32.6	17.8	10.1
			64.6	59.5	52.7	73.3	46.6	55.0	67.5	77.3
			88.6	80.7	84.3	86.0	N/A	N/A	N/A	N/A
			58.6	40.1	47.2	58.0	47.4	47.4	62.1	55.0
			44.3	52.7	51.3	74.0	48.5	57.7	71.0	71.1
			53.3	73.9	52.0	86.0	44.5	59.4	72.6	85.6
			69.9	86.7	86.7	87.1	84.2	80.4	80.5	88.6
			66.9	76.1	72.3	76.7	64.7	71.1	78.5	78.8

- Percent of adults (50 years or older) who met recommended guidelines for colorectal cancer screening^{2b}



Women in Los Angeles County with No Regular Source of Care and Difficulty Accessing Care by Service Planning Area, 2007¹



- An estimated 674,000 or 21% of women 18 to 64 years are **uninsured** in Los Angeles County.¹
- Women 18-39 years (80%) and 40-64 years (87%) have lower rates of a **regular source of care** than women 65 years and older (94%).¹
- Only 43% of women in SPA 4 have **dental insurance** compared to 67% of women in SPA 1.¹
- The percentage of live births where mothers received **prenatal care in the first trimester of pregnancy** is higher in Los Angeles County (86%) than in California (81%).^{5a}
- About 54% of women in SPA 6 and 58% in SPA 4 have **heard of the HPV vaccine** compared to 85% of women in SPA 5.¹
- Women are significantly less likely to be **vaccinated for influenza in the past year** (50 years or older) or **ever vaccinated for pneumonia** (65 years or older) if they live in households less than 100% FPL.¹
- Asian/Pacific Islander women have lower rates of **cervical, breast and colorectal cancer screening** compared to other ethnic groups and women overall.^{1, 2b}
- Uninsured women have lower rates of having a **Pap test in the past 3 years** (77%) or a **mammogram in the past 2 years** (54%) compared to privately insured women (90% and 79%).¹



HEALTH BEHAVIORS

“Interventions to promote fit lifestyles have focused insufficiently on the social and cultural environments, in part because they are difficult to characterize and measure. Yet such change is both necessary and sufficient - humans are quite adept at finding ways to follow socio-cultural mandates, e.g., dancing at parties or savoring beans and greens.”

Antronette Yancey, MD, MPH, Professor, Department of Health Services, University of California, Los Angeles, School of Public Health

Tobacco and Alcohol Use

- Percent of adults who smoke cigarettes (smoked at least 100 cigarettes and currently smoke)^{1d}
- Percent of adults who binge drink (for women 4 or more drinks and for men 5 or more drinks on at least one occasion in the past 30 days)¹

Physical Activity^{1e}

- Percent of adults who meet recommended guidelines for physical activity each week
- Percent of adults who are minimally active or inactive

Nutrition¹

- Percent of adults who consume five or more servings of fruits and vegetables a day
- Percent of adults who eat fast food at least once a week
- Percent of adults who drink at least one soda or sweetened drink a day

Contraception

- Percent of women (18-49 years) at risk for unintended pregnancy who used an effective birth control method the last time they had sex^{1f}
- Percent of adults (18-49 years) who have heard of emergency contraception¹
- Percent of heterosexual sexually active adults (18-49 years) who report they (or their partner) have used emergency contraception in the past year¹

Sexual Practices¹

- Percent of sexually active adults who have had 2 or more male sexual partners in the past year and did not use a condom the last time they had sex

Healthy People 2010 Target	Los Angeles County Men and Women	Los Angeles County Women	Asian/Pacific Islander	Black	Latina	White	FPL <100%	FPL 100-199%	FPL 200-299%	FPL ≥300%
			Women: Race/Ethnicity				Women: Federal Poverty Level (FPL)			
12.0	14.3	10.1	3.0*	19.6	6.8	14.0	9.3	13.4	8.4	9.3
13.4	16.2	9.4	6.5	8.6	9.2	11.3	7.2	8.8	8.6	11.8
50.0	53.2	48.7	40.6	48.7	47.3	53.0	45.2	42.4	44.3	56.9
N/A	36.2	41.5	47.6	45.5	42.7	36.9	46.3	48.9	44.8	31.9
N/A	15.1	18.4	12.8	11.8	14.7	26.2	13.3	13.9	17.6	25.1
N/A	40.2	33.9	23.2	41.7	40.1	29.4	37.5	34.6	35.2	30.1
N/A	38.8	28.3	19.2*	43.5	40.1	14.0	40.2	34.4	32.0	15.4
N/A	---	79.4	78.1	67.8	78.5	85.1	77.7	75.8	85.2	80.3
N/A	85.9	88.6	77.1	86.9	87.5	94.3	81.5	86.6	86.6	93.8
N/A	10.4	11.5	12.3*	9.1*	11.7	11.0	9.3	12.0	13.2*	12.0
N/A	6.5	4.3	**	8.3*	4.3*	4.3*	5.0*	3.3*	3.4*	4.5

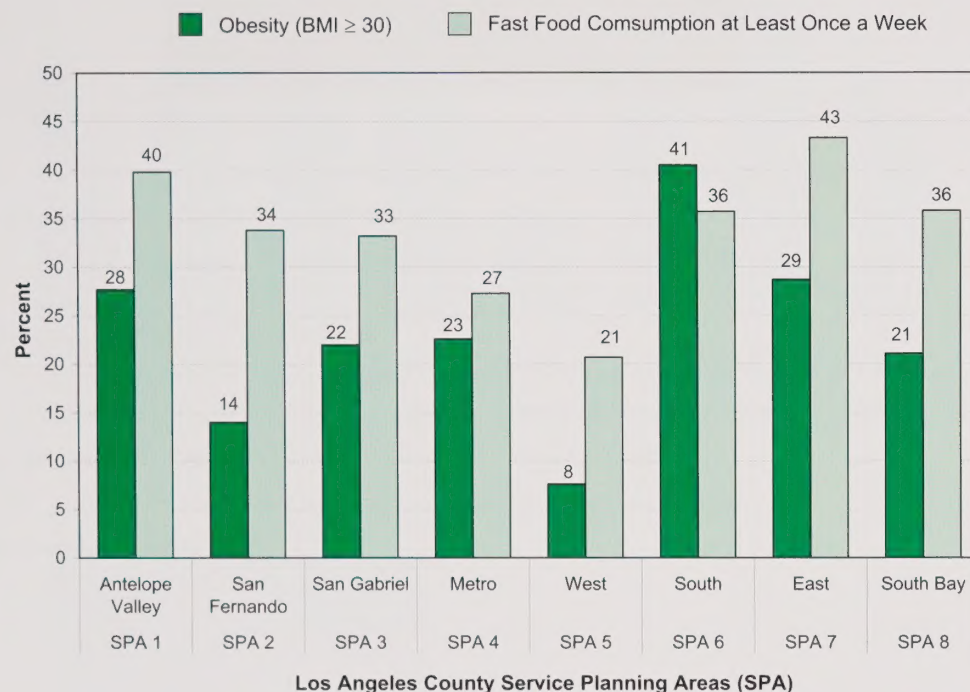
- Percent of adults who report ever being tested for sexually transmitted diseases (syphilis, gonorrhea, chlamydia, herpes, and genital warts)
- Percent of adults who report having an HIV test in the past 2 years

N/A	36.9	36.7	15.8*	49.9	33.0	44.9	26.6	40.1	27.8	44.2
N/A	30.5	30.6	16.7	48.7	40.1	20.0	43.2	31.4	21.7	23.5

N/A = Data not available where noted
 * Estimate is statistically unstable
 **Cell sizes less than 5 - data not reported due to confidentiality

— Group fares better
— Group fares worse
◆ No statistical testing done

Obesity and Fast Food Consumption Among Women in Los Angeles County by Service Planning Area, 2007 ^{1,1h}



- Rates of **cigarette smoking** are two times higher among black women (20%) compared to the overall rate for women in Los Angeles County (10%).^{1d}
- **Binge drinking** rates are higher among women 18-39 years (14%) and among women living in households at or above 300% FPL (12%) than among all women (9%).¹
- Only 33% of women 65 years and older, 48% of women 40-64 years and 55% of women 18-39 years **met recommended guidelines for physical activity**.^{1e}
- A higher percentage of women report **minimal to no physical activity** (42%) than men (31%).^{1e}
- Almost half (48%) of women in SPA 1 report **minimal to no physical activity** compared to 34% of women in SPA 5.^{1e}
- A higher percentage of women 18-39 years **eat fast food at least once a week** (43%) and **drink at least one soda or sweetened drink a day** (38%) than women of other ages.¹
- A lower percentage of women than men **eat fast food at least once a week** (34% vs. 47%) and **drink at least one soda or sweetened drink a day** (28% vs. 50%).¹
- **Use of effective birth control** was highest among at risk women (18-49 years) in SPA 1 (87%) and SPA 5 (86%) and lowest in SPA 6 (75%) and SPA 8 (74%).^{1f}



HEALTH STATUS

“In order to improve the health status of women, we must adopt a comprehensive approach. The intersections between physical, mental and emotional health must drive our advocacy for policy change.”

Crystal D. Crawford, Esq, Chief Executive Director, California Black Women's Health Project

Self-Rated Health¹

- Percent of adults who report their health to be fair or poor

Poor Health Days¹

- Average number of poor mental health days reported by adults in the past month
- Average number of poor physical health days reported by adults in the past month

Days of Activity Limitation¹

- Average number of days in the past month adults report their regular daily activities were limited due to poor mental or physical health

Daily Prescription Medication¹

- Percent of adults who take prescription medication on a daily basis

	Healthy People 2010 Target			Women: Race/Ethnicity				Women: Federal Poverty Level (FPL)			
	Los Angeles County Men and Women	Los Angeles County Women		Asian/Pacific Islander	Black	Latina	White	FPL <100%	FPL 100-199%	FPL 200-299%	FPL ≥300%
Self-Rated Health ¹	N/A	18.5	20.3	18.2	15.9	27.0	14.1	34.1	24.8	16.6	7.9
Poor Health Days ¹	N/A	3.1	3.4	3.6	3.5	3.1	3.6	4.5	3.2	3.2	2.6
	N/A	3.2	3.7	3.3	3.5	3.5	4.1	5.1	4.2	3.0	2.6
Days of Activity Limitation ¹	N/A	2.1	2.2	1.8	2.6	1.9	2.8	3.4	2.3	1.7	1.5
Daily Prescription Medication ¹	N/A	40.0	44.3	36.4	52.3	33.9	58.1	40.3	39.4	45.6	50.0

N/A = Data not available where noted

Group fares better

Group fares worse

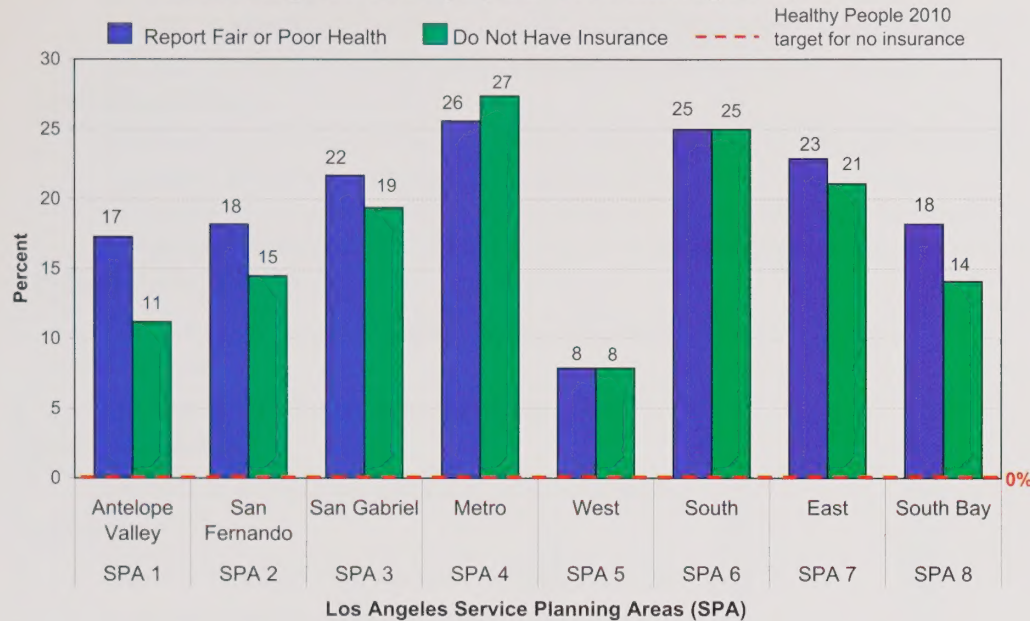
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• In Los Angeles County, an estimated 773,000 or 20% of women report **fair or poor health status.**¹

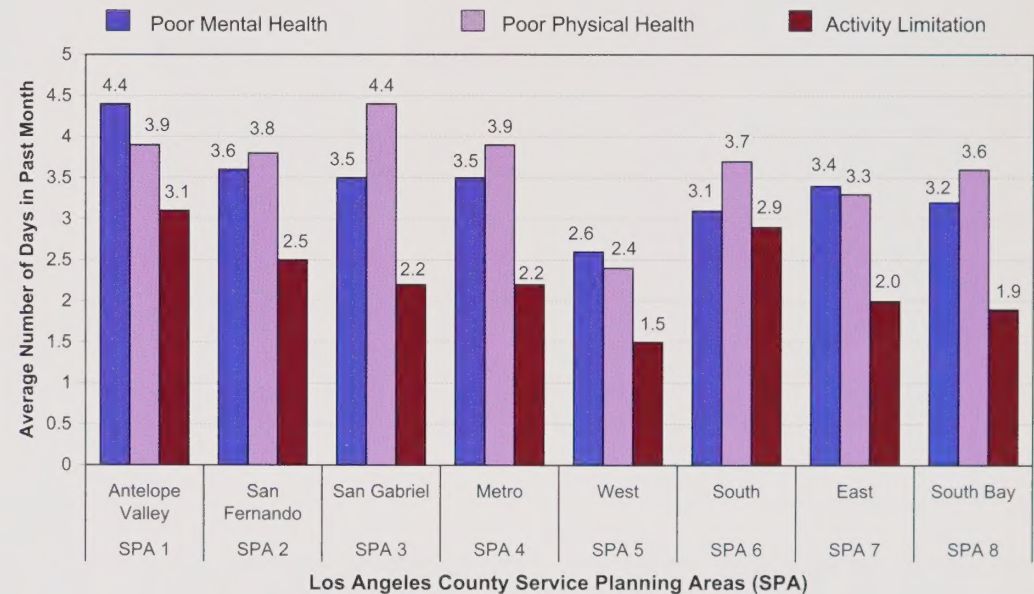
• Over 25% of women living in SPA 4 and SPA 6 report **fair or poor health status** compared to only 8% of women in SPA 5.¹

Self-Rated Health and Uninsurance Among Women in Los Angeles County by Service Planning Area, 2007 ¹



- Women living in households less than 100% FPL report higher rates of **fair or poor health status**, more **average number of poor health days** and higher **average days of activity limitation** compared to women living in households above 100% FPL.¹
- A higher percentage of women report a **fair or poor health status** (20%) and **daily prescription medication use** (44%) than men (17% and 36% respectively).¹
- Women 40-64 years report the highest average number of **poor mental health days in the past month** (3.8) followed by women 18-39 years (3.1) and 65 years and older (2.9).¹
- Women 65 years and older report the highest average number of **poor physical health days in the past month** (6.2) compared to women 18-39 years (2.1) and 40-64 years (4.4).¹

Poor Mental Health, Poor Physical Health and Activity Limitation Among Women in Los Angeles County by Service Planning Area, 2007 ¹



HEALTH CONDITIONS - INCIDENCE/PREVALENCE

“Ethnic minorities continue to be disproportionately impacted by chronic diseases. It's time for a comprehensive health systems overhaul where the focus is on better educated and empowered patients and families, and a proactive clinical team that is skilled in communicating with diverse patient groups and aware of cultural beliefs.”

Margaret Lynn Yonekura, MD, Director, Community Benefit, California Hospital Medical Center

Heart Disease

- Percent of adults ever diagnosed with heart disease¹
- Percent of adults at risk for heart disease¹⁹

Obesity and Overweight^{1h}

- Percent of adults who are obese (BMI ≥ 30.0)
- Percent of adults who are overweight (25.0 ≤ BMI < 30.0)

Diabetes¹

- Percent of adults ever diagnosed with diabetes

Hypertension¹

- Percent of adults ever diagnosed with hypertension

Cholesterol¹

- Percent of adults ever diagnosed with high cholesterol

Cancer Incidence^{6a}

- Incidence of invasive breast cancer (age-adjusted per 100,000 female population)
- Incidence of cervical cancer (age-adjusted per 100,000 female population)
- Incidence of colorectal cancer (age-adjusted per 100,000 population)
- Incidence of lung and bronchus cancer (age-adjusted per 100,000 population)

Mental Health¹

- Percent of adults ever diagnosed with depression
- Percent of adults with frequent mental distress (≥ 14 poor mental health days in the past month)

Low Birthweight⁵

- Percent of low birthweight births (< 2,500 grams) per 100 live births

Communicable Diseases

Healthy People 2010 Target	Los Angeles County Men and Women	Los Angeles County Women	Women: Race/Ethnicity				Women: Federal Poverty Level (FPL)			
			Asian/Pacific Islander	Black	Latina	White	FPL <100%	FPL 100-199%	FPL 200-299%	FPL ≥300%
	N/A	7.7	7.5	8.9	7.1	8.0	9.6	9.2	7.6	5.2
	N/A	39.3	32.9	52.5	39.7	39.3	48.5	44.7	42.9	30.7
	N/A	22.2	4.4*	34.0	31.2	15.5	32.7	23.8	18.7	14.5
	N/A	35.9	17.6	30.4	31.4	26.2	28.4	27.3	29.2	25.6
	2.5	8.7	7.3	11.4	10.5	6.8	13.0	8.0	10.3	5.6
	N/A	24.7	23.3	37.0	21.4	26.8	27.2	26.1	28.5	21.5
	N/A	29.1	27.2	22.0	27.2	34.7	29.9	30.2	30.7	27.8
	N/A	---	93.7	123.9	80.0	142.9	N/A	N/A	N/A	N/A
	N/A	---	9.3	7.6	14.3	7.5	N/A	N/A	N/A	N/A
	N/A	44.7	37.4	53.6	28.6	42.0	N/A	N/A	N/A	N/A
	N/A	46.4	25.7	57.9	18.6	49.3	N/A	N/A	N/A	N/A
	N/A	13.6	8.4	16.0	16.1	21.0	19.1	16.6	13.7	15.7
	N/A	9.3	10.5	9.5	10.0	10.5	15.0	9.3	10.3	6.6
	5.0	---	7.8	12.5	6.6	7.5	N/A	N/A	N/A	N/A

- Incidence of AIDS (annual new cases per 100,000 adult population)⁷
- Incidence of chlamydia (annual new cases per 100,000 population)⁸
- Incidence of gonorrhea (annual new cases per 100,000 population)⁸
- Incidence of primary and secondary syphilis (annual new cases per 100,000 population)⁸
- Incidence of Pelvic Inflammatory Disease (PID) (annual new cases per 100,000 female population)^{8a}

N/A	14.1	3.8	**	15.3	3.5	1.9	N/A	N/A	N/A	N/A	◆
N/A	442.8	595.9	187.0	1836.6	658.7	211.4	N/A	N/A	N/A	N/A	◆
19.0	84.7	72.4	16.4	443.3	38.9	28.2	N/A	N/A	N/A	N/A	◆
0.2	7.3	0.5	0.2	2.0	0.6	0.2	N/A	N/A	N/A	N/A	◆
N/A	---	4.0	1.3	19.1	3.5	1.4	N/A	N/A	N/A	N/A	◆

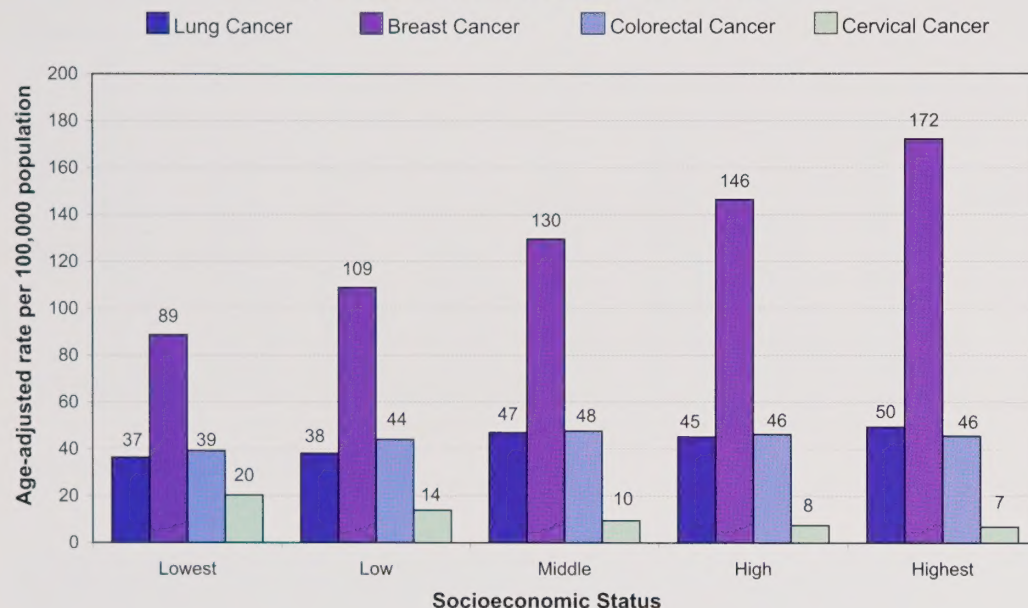
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—	Group fares better
—	Group fares worse
◆	No statistical testing done

Cancer Incidence Rates Among Women in Los Angeles County by Socioeconomic Status, 1998-2002^{6b}



- An estimated 1.3 million women in Los Angeles County are **at risk for heart disease**.^{1g}
- The highest percentage of women diagnosed with **diabetes** (14%) and **hypertension** (31%) are in SPA 6 and the lowest are in SPA 5 (5%* and 19% respectively).¹
- **Obesity** rates among women increased in all SPAs from 2005 to 2007. The largest increases were in SPA 6 where the rate went from 33% to 41% and in SPA 3 where the rate rose from 17% to 22%.^{1h}
- Rate of **obesity** among Latinas increased from 27% in 2005 to 31% in 2007. However black women have the highest **obesity** rate at 34%.^{1h}
- **Breast cancer incidence** rates increase directly with socioeconomic status overall (see chart) and for each ethnic group.^{6b}
- Rates of **depression** and **frequent mental distress** are higher among women (17% and 10%) than men (10% and 8%).¹
- Among women, the majority of **chlamydia** cases (68%) and **gonorrhea** cases (65%) occur in adolescents and young adults 15-24 years.⁸

HEALTH CONDITIONS - MORTALITY

“Differences in mortality rates between racial and ethnic groups mean that women are dying because of social and economic disparities, including lack of access to health services. The current epidemic of type 2 diabetes, which disproportionately affects minority women, is expected to make disparities in life expectancy worse.”

Janet Pregler, MD, Professor of Clinical Medicine, Director, Iris Cantor-UCLA Women's Health Center

All-Cause Mortality⁹

- Death rate from all causes (age-adjusted per 100,000 population)

Cardiovascular Disease Mortality⁹

- Coronary heart disease death rate (age-adjusted per 100,000 population)
- Stroke death rate (age-adjusted per 100,000 population)

Diabetes Mortality⁹

- Diabetes death rate (age-adjusted per 100,000 population)

Respiratory Disease Mortality⁹

- Emphysema/COPD death rate (age-adjusted per 100,000 population)
- Pneumonia and influenza death rate (age-adjusted per 100,000 population)

Cancer Mortality⁹

- All cancer death rate (age-adjusted per 100,000 population)
- Breast cancer death rate (age-adjusted per 100,000 female population)
- Cervical cancer death rate (age-adjusted per 100,000 female population)
- Colorectal cancer death rate (age-adjusted per 100,000 population)
- Lung cancer death rate (age-adjusted per 100,000 population)

Alzheimer's Disease Mortality⁹

- Alzheimer's disease death rate (age-adjusted per 100,000 population)

Injury Mortality⁹

- Suicide rate (age-adjusted per 100,000 population)
- Homicide rate (age-adjusted per 100,000 population)
- Unintentional injury death rate (age-adjusted per 100,000 population)

Ranking of Ten Leading Causes of Death Among Women in Los Angeles County	Healthy People 2010 Target	Los Angeles County Men and Women	Los Angeles County Women	Women: Race/Ethnicity			
				Asian/Pacific Islander	Black	Latina	White
--	N/A	660.6	555.9	375.9	802.1	465.8	601.5
1	162.0	167.6	134.7	91.1	199.9	104.1	146.3
2	50.0	41.0	39.8	38.7	58.6	33.3	38.5
6	N/A	24.7	21.3	13.3	38.2	31.1	15.7
3	N/A	30.9	26.8	10.0	32.6	15.0	36.6
5	N/A	26.1	22.1	18.4	25.9	19.0	23.4
--	158.6	151.7	133.0	89.1	179.8	108.6	150.2
8	21.3	---	20.7	12.2	31.6	14.7	24.5
--	2.0	---	3.3	2.7	3.7*	4.0	3.1
10	13.7	15.3	13.1	10.7	22.6	10.0	13.1
4	43.3	34.6	25.8	14.3	39.4	11.5	34.8
7	N/A	17.6	19.0	7.2	21.3	12.5	23.8
--	4.8	6.6	3.0	3.6	1.4*	1.4	5.0
--	2.8	9.9	2.4	**	9.1	2.1	1.2
9	17.1	23.4	13.8	10.9	18.3	10.9	17.3

- Unintentional drug-overdose death rate (age-adjusted per 100,000 population)
- Motor vehicle crash death rate (age-adjusted per 100,000 population)

Maternal and Infant Mortality

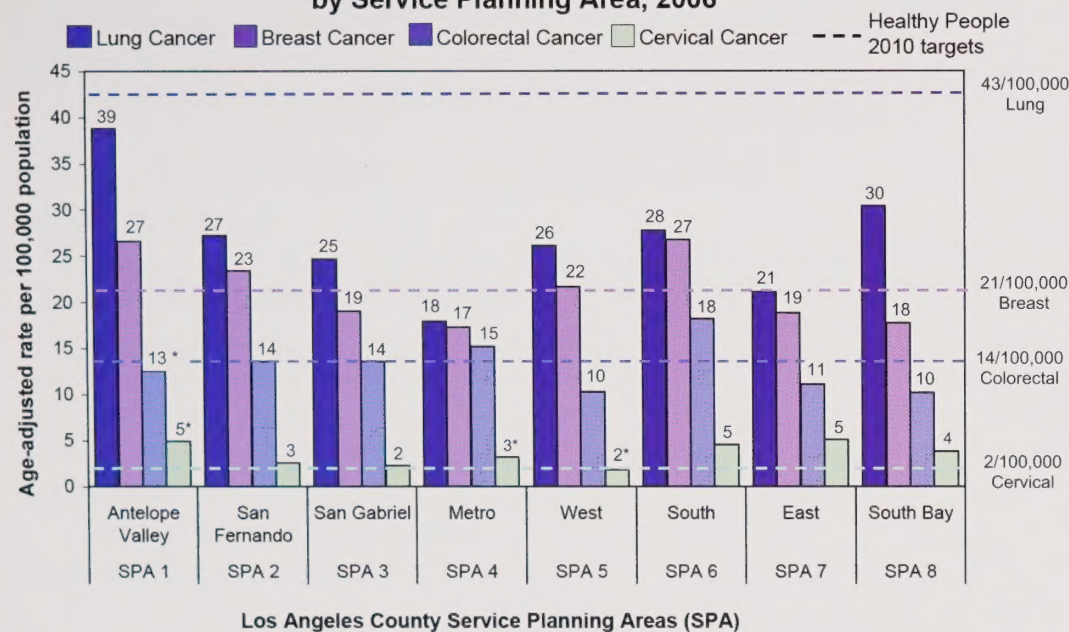
- Maternal death rate per 100,000 live births^{5b}
- Infant death rate per 1,000 live births^{5c}

--	N/A	5.4	3.6	**	6.6	1.8	6.3
--	8.0	9.6	5.5	7.1	6.6	5.2	5.3
--	4.3	---	15.7	11.9	51.9	12.2	14.9
--	4.5	---	5.3	3.8	11.7	5.1	4.8

N/A = Data not available where noted
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— Group fares better
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Cancer Mortality Rates Among Women in Los Angeles County by Service Planning Area, 2006⁹



- From 1997 to 2006, **all-cause mortality** rates among women declined by 19%, with the largest decline of 25% among women in SPA 4.⁹
- **Breast cancer mortality** rates are the highest among women in SPA 1 and SPA 6 (27/100,000), and the lowest in SPA 4 (17/100,000).⁹
- **Coronary heart disease** remains the leading cause of death among women in Los Angeles County, with over 7,000 attributable deaths.⁹
- **Diabetes mortality** rates among women living in SPA 1 doubled from 20/100,000 in 1998 to 43/100,000 in 2006.⁹
- **Emphysema and pneumonia/influenza** are the 3rd and 5th leading causes of death among women in Los Angeles County with over 2,500 deaths attributed to these causes combined.⁹
- **Motor vehicle crash** is the third leading cause of premature death among women in Los Angeles County, following coronary heart disease and breast cancer.^{9a}
- SPA 1 has the highest **infant mortality** rate at 8.6/1,000 live births compared to the lowest rate of 2.6/1,000 live births in SPA 5.^{5c}

AGE 65 YEARS AND OLDER HEALTH

“The anticipated growth and increased diversity of the older population will challenge all facets of health care: health promotion, prevention, medical care and chronic disease management. Can we be ready to reduce health disparities and promote healthy aging?”

Janet Frank, DrPH, MS, Assistant Director Academic Programs, UCLA Multicampus Program in Geriatric Medicine and Gerontology

	Healthy People 2010 Target	Los Angeles County Men and Women (65+ years)	Los Angeles County Women (65+ years)	Asian/Pacific Islander	Black	Latina	White	FPL <100%	FPL 100-199%	FPL 200-299%	FPL ≥300%
				Women 65+ Years: Race/Ethnicity				Women 65+ Years: Federal Poverty Level (FPL)			
Disability ^{1c}											
• Percent of adults with a disability	N/A	39.2	41.0	42.8	41.4	34.7	42.6	49.5	39.2	36.2	39.3
Food Security ²											
• Percent of adults living in households with incomes less than 200% FPL who are food secure	94.0	76.1	75.2	81.8	70.8	65.7	85.3	69.4	79.1	---	---
Insurance ¹											
• Percent of adults who have dental insurance	N/A	50.5	50.3	47.5	65.5	43.5	50.9	42.8	45.4	53.4	57.7
Preventive Screenings ¹											
• Percent of women who had a mammogram in the past 2 years	70.0	---	76.3	55.7	86.7	77.8	79.4	71.0	69.5	81.4	82.2
Physical Activity ^{1a}											
• Percent of adults who are minimally active or inactive	N/A	50.3	56.7	49.2	63.9	60.7	55.2	64.6	64.1	53.3	47.1
Falls ⁴											
• Rate of hospitalizations due to non-fatal falls per 100,000 adults	N/A	1717.0	2030.2	1308.9	1158.5	1443.2	2565.9	N/A	N/A	N/A	N/A
Self-rated Health ¹											
• Percent of adults who report their health to be fair or poor	N/A	29.5	32.3	47.6	27.5	45.1	22.2	51.5	37.2	24.5	19.3
Arthritis ¹ⁱ											
• Percent of adults ever diagnosed with arthritis	N/A	52.0	59.2	44.4	72.4	63.2	58.4	61.8	62.4	59.8	53.9
Depression ¹											
• Percent of adults ever diagnosed with depression	N/A	10.9	13.3	14.5*	6.0*	20.4	11.1	19.2	13.7	10.2*	10.7
Cancer Mortality ⁹											
• Breast cancer death rate (per 100,000 female population)	21.3	---	83.1	35.6	122.3	47.4	107.1	N/A	N/A	N/A	N/A
Cardiovascular Disease Mortality ⁹											
• Coronary heart disease death rate (per 100,000 population)	162.0	1172.2	1090.7	662.1	1360.1	745.6	1339.8	N/A	N/A	N/A	N/A

N/A = Data not available where noted

* Estimate is statistically unstable

DISABILITY AND HEALTH

“A goal of Healthy People 2010 is to promote the health of people living with disabilities and eliminate disparities in access to health. A systematic epidemiologic approach to identify treatable conditions and ways to improve quality of life are particularly needed in this underrepresented population.”

Yaga Szlachcic, MD, Department of Medicine, Rancho Los Amigos National Rehabilitation Center

Injury & Violence²

- Percent of adults (18-65 years) who report ever experiencing physical or sexual violence by an intimate partner since age 18

Insurance¹

- Percent of adults (18-64 years) who are uninsured

Access to Care¹

- Percent of adults who report difficulty accessing medical care
- Percent of adults who report transportation as a barrier to obtaining needed medical care

Preventive Screenings¹

- Percent of women (18 years or older) who had a Pap test in the past 3 years

Physical Activity^{1e}

- Percent of adults who are minimally active or inactive

Self-rated Health¹

- Percent of adults who report their health to be fair or poor

Days of Activity Limitation¹

- Average number of days in the past month adults report their regular daily activities were limited due to poor mental or physical health

Obesity^{1h}

- Percent of adults who are obese (BMI $\geq$ 30.0)

Diabetes¹

- Percent of adults diagnosed with diabetes

Mental Health¹

- Percent of adults with frequent mental distress ($\geq$ 14 poor mental health days in the past month)

Healthy People 2010 Target										
Los Angeles County Women without Disabilities	Los Angeles County Women with Disabilities		Asian/Pacific Islander	Black	Latina	White	FPL <100%	FPL 100-199%	FPL 200-299%	FPL ≥300%
Women with Disabilities: Race/Ethnicity							Women with Disabilities: Federal Poverty Level (FPL)			
N/A	16.9	29.0	15.1	38.8	25.9	31.8	29.3	28.7	31.9	27.7
0.0	22.7	13.4	10.2*	11.1*	25.6	6.9*	22.2	16.8*	18.6*	2.0*
N/A	27.7	28.7	30.3	28.5	46.7	17.8	47.2	32.9	22.4	11.8
N/A	6.1	17.6	19.1*	24.3	14.9	15.7	25.8	28.4	9.8*	6.1*
90.0	84.9	82.0	73.1	89.6	84.3	80.0	80.9	77.4	79.9	86.9
N/A	37.4	57.1	60.1	63.1	58.0	55.8	60.8	66.0	55.8	48.2
N/A	13.4	47.3	56.7	40.0	62.7	37.8	66.4	57.9	40.7	25.4
N/A	0.9	7.7	10.6	7.1	7.5	7.7	11.0	8.1	5.4	5.6
N/A	19.4	30.2	**	48.9	38.9	24.7	35.2	36.4	30.0	21.7
2.5	6.1	19.6	24.7	19.3*	31.6	11.6	29.1	19.6	16.2	12.4
N/A	7.4	20.8	32.4	12.9*	26.4	18.1	33.1	19.6	16.3	12.4

N/A = Data not available where noted

* Estimate is statistically unstable

**Cell sizes less than 5 - data not reported due to confidentiality

INSURANCE STATUS AND HEALTH

“Women with health coverage have consistently better access to medical care. Because Medi-Cal eligibility is so restrictive, the women it serves are extremely poor and often have complex health needs. Unfortunately, many uninsured low-income women in California don’t qualify and must forego needed care.”

Alina Salganicoff, PhD, Vice President and Director, Women's Health Policy, Kaiser Family Foundation

Access to Care¹

- Percent of adults who report difficulty accessing medical care
- Percent of adults who had a dental visit (for any reason) in the past year
- Percent of adults who do not have dental insurance

Preventive Services¹

- Percent of adults (50-64 years) vaccinated for influenza in the past year
- Percent of adults who have heard of the Human Papillomavirus (HPV) vaccine
- Percent of women who had a Pap test in the past 3 years
- Percent of women (40-64 years) who had a mammogram in the past 2 years

Nutrition¹

- Percent of adults who eat fast food at least once a week

Contraception^{1f}

- Percent of women (18-49 years) at risk for unintended pregnancy who used an effective birth control method the last time they had sex

Self-Rated Health¹

- Percent of adults who report their health to be fair or poor

Obesity and Overweight^{1h}

- Percent of adults who are obese (BMI ≥ 30.0) or overweight (25.0 ≤ BMI < 30.0)

Mental Health¹

- Percent of adults with frequent mental distress (≥14 poor mental health days in the past month)

	Healthy People 2010 Target	Los Angeles County Men and Women (18-64 yrs)	Los Angeles County Women (18-64 yrs)	Women 18-64 yrs: Insurance Status		
				No Insurance	Medi-Cal	Private
Access to Care ¹						
Percent of adults who report difficulty accessing medical care	N/A	30.1	30.9	69.6	35.1	15.3
Percent of adults who had a dental visit (for any reason) in the past year	N/A	59.3	61.4	38.2	55.4	72.6
Percent of adults who do not have dental insurance	N/A	41.9	42.2	95.3	39.0	22.9
Preventive Services ¹						
Percent of adults (50-64 years) vaccinated for influenza in the past year	90.0	39.0	39.7	21.6	42.2	43.8
Percent of adults who have heard of the Human Papillomavirus (HPV) vaccine	N/A	57.6	67.7	48.4	54.9	80.1
Percent of women who had a Pap test in the past 3 years	90.0	---	86.0	77.2	86.3	89.5
Percent of women (40-64 years) who had a mammogram in the past 2 years	70.0	---	72.7	54.0	68.4	79.1
Nutrition ¹						
Percent of adults who eat fast food at least once a week	N/A	43.4	37.2	37.2	44.7	34.7
Contraception ^{1f}						
Percent of women (18-49 years) at risk for unintended pregnancy who used an effective birth control method the last time they had sex	N/A	---	79.4	82.5	67.3	82.0
Self-Rated Health ¹						
Percent of adults who report their health to be fair or poor	N/A	16.7	18.0	26.7	30.3	8.8
Obesity and Overweight ^{1h}						
Percent of adults who are obese (BMI ≥ 30.0) or overweight (25.0 ≤ BMI < 30.0)	N/A	59.1	49.0	54.9	61.4	42.4
Mental Health ¹						
Percent of adults with frequent mental distress (≥14 poor mental health days in the past month)	N/A	9.5	10.3	10.6	16.4	7.8

N/A = Data not available where noted

- A lower percentage of uninsured women (59%) have a **regular source of care** than women on Medi-Cal (89%) and privately insured women (91%).¹

- Almost half of uninsured women (48%) report they **did not obtain dental care in the past year because they could not afford it** compared to 32% of women on Medi-Cal and 16% of privately insured women.¹

- Only 29% of uninsured women 50-64 years **met recommended guidelines for colorectal cancer screening** compared to 61% of privately insured women and 53% of women on Medi-Cal.²

- A lower percentage of uninsured women (30%) and women on Medi-Cal (31%) rate the **quality of fruits and vegetables as high where they shop** compared to privately insured women (40%).¹

SEXUAL ORIENTATON AND HEALTH

“Sexual orientation is an important aspect of who women are and how they interact within the world around them. Enhanced knowledge of the social and environmental issues of sexual minorities and their interactions with the health care system can lead to improvements in health.”

Allison Diamant, MD, MSHS, Associate Professor of Medicine, David Geffen School of Medicine at UCLA

Discrimination¹⁰

- Percent of adults (18-72 years) who report discrimination due to sexual orientation

Insurance^{2a}

- Percent of adults (18-64 years) who are currently uninsured

Preventive Screenings^{2a}

- Percent of women (18-70 years) who had a Pap test in the past 3 years
- Percent of women (40-70 years) who had a mammogram in the past 2 years

Tobacco and Drug Use

- Percent of adults (18-70 years) who are current smokers^{2a}
- Percent of adults (18-72 years) who used illicit drugs in the past year¹⁰

Sexual Practices^{2a}

- Percent of adults (18-70 years) tested for sexually transmitted diseases in the past 12 months

Self-Rated Health^{2a}

- Percent of adults (18-70 years) who report their health to be fair or poor

Obesity^{2a}

- Percent of adults (18-70 years) who are obese (BMI $\geq$ 30.0)

Mental Health

- Percent of adults (18-72 years) with frequent mental distress ($\geq$ 14 poor mental health days in the past month)¹⁰
- Percent of adults (18-72 years) who have ever had serious thoughts about committing suicide^{10a}

Healthy People 2010 Target	Los Angeles County Men and Women	Los Angeles County Women	Women: Sexual Orientation	
			Heterosexual	Lesbian and Bisexual
N/A	8.7	10.0	9.1	70.1
0.0	22.7	20.9	20.7	22.5
90.0	---	84.9	84.9	91.2
70.0	---	79.3	79.4	84.8
12.0	14.8	10.2	9.6	30.7
N/A	10.3	3.2	2.5	40.5
N/A	25.6	31.0	30.3	54.7
N/A	20.8	21.4	21.1	17.8
N/A	23.0	20.6	20.2	28.3
N/A	9.9	11.8	10.8	21.9
N/A	14.0	13.1	12.1	26.3

- A similar percentage of lesbian and bisexual women (40%) and heterosexual women (42%) **live in households less than 200% Federal Poverty Level (FPL).**^{2a}
- A higher percentage of lesbian and bisexual women living in households less than 200% FPL (79%) report being **food secure** than heterosexual women (64%).^{2a}
- A higher percentage of lesbian and bisexual women (38%) report they **delayed or did not get medical care when needed in the past year** than heterosexual women (18%).^{2a}
- A higher percentage of lesbian and bisexual women (29%) **visited an emergency room in the past year** than heterosexual women (18%).^{2a}
- Almost 24% of lesbian and bisexual women report being **diagnosed with major depression in the past year** compared to 11% of heterosexual women.¹⁰

N/A = Data not available where noted
* Estimate is statistically unstable

FINDINGS AND IMPLICATIONS



The data presented in this report, “Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level,” provides strong evidence of the health inequities present among women in Los Angeles County. Signifying the importance of social determinants of health, many of these inequities are rooted in racial/ethnic differences or differences in poverty level among women in the County.

Several significant indicators point to the unique disadvantages that women in Los Angeles County face. Over half of women in the County report living in poverty, and almost twenty-five percent report a less than a high school education, important factors that contribute to increased health risks and illness. In addition, twenty percent of women report being uninsured and over twenty-five percent report difficulty accessing medical care. This lack of access to health care serves as a significant barrier to health promotion and wellness. These social, economic and environmental conditions together play a role in the health disparities apparent among women in Los Angeles County.

Black Women

Perhaps the greatest health disparities are present among black women, who have far higher mortality rates from many chronic diseases than other women in the County. Black women face unique barriers to health such as high rates of smoking, communicable diseases, and exposure to violence. However, black women report better access to health care (insurance status, regular source of care and preventive services) and higher self-rated health status, demonstrating there is a complex interplay of factors contributing to the disparities that can not be fully explained by the indicators presented in this report. Emerging evidence has shown that factors such as racial inequality, discrimination and stress may be important contributors to the health inequities among black women. There is a need to include measures of these factors in future population based surveys to better understand these inequities.

Latinas

Latinas report the poorest self-rated health status among all ethnic groups. In addition, compared to all other groups, they report poorer access to care with over a third lacking health insurance, and forty percent reporting difficulty accessing medical care. Factors contributing to this disparity include a high level of poverty and low level of education. Rising levels of obesity and diabetes among Latinas are also driven by social and physical environmental factors as evidenced by more difficulty than women of other ethnicities in finding safe places to be physically active and poorer access to high quality food. Currently, Latinas are the youngest population in the County compared to other ethnic groups. As they continue to age, it is likely that disease prevalence and mortality will rise significantly for Latinas.

Asian/Pacific Islander Women

Despite rates of health insurance above the overall rate among women in the County, Asian/Pacific Islander women report low rates of receiving preventive services and having a regular source of care. Although this has not translated to poorer health outcomes, it points to the unique cultural and linguistic barriers that Asian/Pacific Islander women face in accessing health care and serves as a sign of potential worsening disparities in the coming years. Further, given the heterogeneity of the Asian/Pacific Islander population, health disparities are only readily apparent when examining individual ethnic groups within the larger population. For example, Vietnamese women have much higher rates of poverty compared to other Asian groups, with over two-thirds living in households with incomes less than 200% FPL, and Korean women have the poorest self-rated health status with less than a third reporting excellent or very good health. (2007 Health Indicators for Women in Los Angeles County) It is important to continue to examine these ethnic groups individually whenever possible to expose hidden disparities.

Poverty Level

The importance of socio-economic status or poverty level as a significant source of health disparities among women in Los Angeles County is readily evident from the data presented in this report. Women living in households less than 100% FPL are four times more likely to report fair or poor health status compared to women living in households at or greater than 300% FPL. Social and physical environmental factors such as neighborhood safety from crime, safe places for physical activity and access to high quality fruits and vegetables are lower for women living in households at lower federal poverty levels (FPL). These factors link to poorer health behaviors as low income women report the highest consumption of fast food and soda or sweetened drinks, and the lowest level of physical activity. Coupled with the lowest rate of insurance and regular source of care, it is not surprising to find that low income women have the highest prevalence of several chronic medical conditions including obesity, diabetes, heart disease and depression. Most significantly, it is apparent that poorer outcomes are directly and linearly associated with decreasing household income levels.

Los Angeles County represents one of the most diverse regions in the country with 10 million residents that speak over 100 different languages. A little over half of these residents are women, with unique health care needs reflective of their complex and challenging economic, social and biological attributes. The data detailed in this report provides insight into the significant health inequities and the social and physical environmental factors that contribute to them. Understanding these health inequities and the factors that influence them are essential in promoting policies, programs and initiatives that meet the identified gaps. Prioritizing strategies and supporting collaborative efforts will be needed to make a significant impact on health disparities and improve the health of all women in the County.

DATA SOURCES AND NOTES

1. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Health Assessment Unit, 2007, 2005 Los Angeles County Health Surveys. Data are from 2007 Los Angeles County Health Survey and for adults 18 years and older except where noted. Estimates are based on self-reported data by a random sample of 7,200 Los Angeles County adults and 5,728 parents/guardians, representative of the population in Los Angeles County.
 - a. American Indian/Alaskan Native: Includes respondents that self-identified as White/Native American/Alaskan Native.
 - b. Poverty level: Based on U.S. Census 2006 Federal Poverty Level (FPL) thresholds which for a family of four (2 adults, 2 dependents) correspond to annual incomes of \$20,444 (100% FPL), \$40,888 (200% FPL), and \$61,332 (300% FPL). *(These thresholds were the values at the time of survey interviewing.)*
 - c. Disability: Defined as a positive response to any one of the following: 1) Limited activity because of physical, mental, or emotional problem(s), 2) Health problems requiring use of special equipment, 3) Self-perception of disabled.
 - d. Tobacco Use: Based on a new definition; participants must have smoked at least 100 cigarettes in their entire life and now smoke cigarettes every day or some days. The definition used to estimate current smoking prevalence in previous LA County Health Survey reports included adults who smoked fewer than 100 cigarettes in their lifetime, so the prevalence of cigarette smoking may have been overestimated.
 - e. Physical Activity: To meet guidelines, one of the following criteria must be fulfilled: 1) Vigorous Activity - hard physical activity causing heavy sweating, large increases in breathing and heart rate for 20+ minutes, ≥ 3 days/week, 2) Moderate Activity - physical activity causing light sweating, slight increase in breathing and heart rate for 30+ minutes, ≥ 5 days/week, or 3) a combination of moderate/vigorous activity ≥ 5 days/week. [REFERENCE: <http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/index.htm>]
 - f. Used Birth Control: Restricted to women (ages 18-49) who: 1) Had at least one male sex partner in the past year, 2) Did not have a hysterectomy, 3) Were not currently pregnant, 4) Were not trying to get pregnant, 5) Were not infertile or menopausal. Women who used foam/jelly/sponge, withdrawal, rhythm, or unclassified methods are not considered having used effective birth control, based on a typical use failure rate of $> 25\%$ in one year. (Hatcher RA, Trussell J, Nelson AL, Cates W, Stewart FH, Kowal D. (2007) Contraceptive Technology (19th ed). New York: Ardent Media).
 - g. Risk for Heart Disease: Determined by having two or more of the following risk factors: cigarette smoker, physical inactivity, obesity, diabetes, hypertension, high cholesterol.
 - h. Overweight and Obesity: Based on Body Mass Index (BMI) calculated from self-reported weight and height. According to National Heart, Lung, and Blood Institute (NHLBI) clinical guidelines, a BMI < 18.5 is underweight, a BMI ≥ 18.5 and < 25 is normal weight, a BMI ≥ 25 and < 30 is overweight, and a BMI ≥ 30 is obese. [REFERENCE: NHLBI http://www.nhlbi.nih.gov/guidelines/obesity/ob_exsum.pdf]
 - i. Arthritis: 2005 Los Angeles County Health Survey data. Estimates are based on self-reported data by a random sample of 8,648 adults representative of the population in Los Angeles County.
2. UCLA Center for Health Policy Research, 2007, 2003 California Health Interview Survey. Data are from 2007 California Health Interview Survey and for adults 18 and older except where noted.
 - a. Sexual Orientation: Indicator was asked of adults 18-70 years only
 - b. Colorectal Cancer Screening: Compliance is based on the 2001 to 2004 U.S. Preventive Services Task Force (USPSTF) recommendations for the 50+ population. [REFERENCE: USPSTF, Agency for Healthcare and Research and Quality: <http://www.ahrq.gov/clinic/uspstf/uspstfcol.htm>]
3. July 1, 2007 Population Estimates, prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CEP, released 6/27/2008.
4. Los Angeles County Department of Public Health, Injury Violence and Prevention Program, 2007 Office of Statewide Health Planning and Development, Emergency Department and Hospital Discharge Data and Population Estimated Projections System (PEPS) Data, LA County Office of Urban Research. Data are for adults 18 years and older except where noted.
 - a. Intimate Partner Violence: Includes injuries coded with E967.3 – “child and adult battering and other maltreatment by spouse or partner.”
 - b. Motor vehicle (MV) traffic injuries: Includes all injuries from MV collisions on public streets or roads, and includes occupant, pedestrian, bicyclist, motorcyclist, and unspecified victims.
5. Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs. 2007 birth and death record data (except where noted) obtained from the California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section. Data is for all ages except where noted.
 - a. First Trimester Prenatal Care: The percent of live born infants whose mothers received prenatal care in the first trimester of pregnancy. The indicator for 2007 is not comparable to previous years due to a recategorization of data in birth certificates.
 - b. Maternal Mortality Rate: Number of maternal deaths due to pregnancy, childbirth, and the puerperium per 100,000 live births. Diagnoses for maternal death include ICD-10 codes 000-099. 2003-2007 five-year average for all rates.
 - c. Infant Mortality Rate: Infant deaths occurring at less than 365 days of age.
6. The Los Angeles County Cancer Surveillance Program, University of Southern California. Data: California Cancer Registry (www.ccrca.org). California Department of Public Health, Cancer Surveillance and Research Branch. Software: Surveillance Research Program, National Cancer Institute SEER*Stat software (www.seer.cancer.gov/seerstat) version 6.5.2. Data is for all ages except where noted.
 - a. SEER*Stat Database: Incidence – California, January 2009 (1988-2007), released January 30, 2009, revised 3/6/09. Benchmarked 1988-1989 DOF population estimates, 6/2006; NCHS population estimates for 1990-1999, 7/2004; NCHS population estimates for 2002-2007, 9/2008.
- b. SEER*Stat Database: October 2006 incidence data 1998-2002; 2000 Census population by SES at CT level. SES based on census block group, the smallest geographic unit with both detailed population counts needed to calculate cancer incidence rates and the following census SES information: education, median household income, median rent, median house value, percent blue-collar workers, percent living 200% below poverty level and percent ages > 16 years in workforce without job. (Yost, K, Perkins, C, Cohen, R, et al (2001) Cancer Causes Control. 12:703-711.)
7. Los Angeles County Department of Public Health, HIV Epidemiology Program. Data presented in this report are based on cases diagnosed in 2007 and reported as of December 31, 2008. Data is for adults 18 years and older.
8. Los Angeles County Department of Public Health, Sexually Transmitted Disease Program. 2008 data. Reported as of May 2009. Excludes cases from Pasadena and Long Beach. Data is for all ages except where noted.
 - a. Pelvic Inflammatory Disease (PID): Includes chlamydial PID, gonococcal PID, and non-chlamydial/non-gonococcal PID.
9. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Data Collection and Analysis Unit, 2006 data. All mortality estimates are based on death certificate reporting of underlying causes of death. Death rates presented are age-adjusted to the 2000 U.S. Standard Population using age-specific rates.
 - a. Premature Death: Calculated by determining years of life lost (YLL) for each death before 75 years and then adding up the total YLL for each cause of death.
10. Center for Research, Education, Training and Strategic Communications on Minority Health Disparities, University of California, Los Angeles. California Quality of Life Survey II (Cal-QOL2). Data are from 2008-09 and for adults 18-72 years. Cal-QOL2 is a follow-back to the 2007 California Health Interview Survey (CHIS) and included a sample of 2,815 participants. [<http://www.stat.ucla.edu/~cochran/curproj.htm>] Support was provided by the NIH, National Institute on Drug Abuse to Susan Cochran, PhD, MS (DA 15539, DA 20826).
 - a. Suicide Thoughts: Kessler RC, Üstün TB. The World Mental Health (WMH) Survey Initiative Version of the World Health Organization (WHO) Composite International Diagnostic Interview (CIDI). Intl Journal of Methods in Psychiatric Research. 2004;13(2):93-121.

For additional information regarding this report, please contact Rita Singhal, MD, MPH with the Office of Women's Health at: 3400 Aerojet Avenue, 3rd Floor, El Monte, CA 91731, (626) 569-3816, rsinghal@ph.lacounty.gov.

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Los Angeles County Department of Public Health
3400 Aerojet Avenue, 3rd Floor
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